

MISSOURI, DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-002583

STATE FILE NUMBER

AMENDED

Registration District No. 179 Primary Registration District No. 5667 Registrar's No. 13

FILED JAN 23 1962

1. PLACE OF DEATH a. COUNTY <u>Lincoln</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Warren</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Bedford</u>		c. CITY OR TOWN <u>New Truxton</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR <u>Lincoln County Memorial Hospital</u>		d. STREET ADDRESS (If outside, give location) <u></u>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>Ira Lemmons Terry</u>		4. DATE OF DEATH Month Day Year <u>Jan. 17, 1962</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>Dec 26, 1881</u>
9. AGE (last birthday) <u>80</u>		10. IF UNDER 1 YEAR Months Days Hours Min. <u>21</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	
11. BIRTHPLACE (City and state or country) <u>New Truxton</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>James D. Terry</u>		13b. MOTHER'S MAIDEN NAME <u>Caroline Aston</u>	
14. NAME OF HUSBAND OR WIFE <u>Cora Terry</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>None</u>	
16. SOCIAL SECURITY NO. <u></u>		17. INFORMANT <u>Ralph Terry</u> Address <u>Troy MO.</u>	
18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>UREMIA & ACIDOSIS</u>		INTERVAL BETWEEN ONSET AND DEATH <u>ONE WEEK</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>ARTERIOULAR NEPHROSCLEROSIS</u>		<u>UNK.</u>	
DUE TO (c) <u>GENERALIZED ARTERIO SCLEROSIS</u>		<u>UNK.</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>1) SEVERE 2° & 3° BURNS BODY 2) BLEEDING ESOPHAGEAL VARICES</u>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m. <u></u>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION <u></u> COUNTY <u></u> STATE <u></u>	
21. I attended the deceased from <u>JAN 7, 1962</u> to <u>JAN 17, 1962</u> and last saw him alive on <u>JAN 17, 1962</u> Death occurred at <u>4:00 P.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Ralph Terry M.D.</u> (Degree or title)		22b. ADDRESS <u>Troy, MO.</u>	
22c. DATE SIGNED <u>1/18/62</u>		23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
23b. DATE <u>Jan. 20, 1962</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Pin Oak Cemetery</u>	
23d. LOCATION (City, town, or county) <u>Warren County MO.</u>		24. FUNERAL DIRECTOR <u>D.W. McCoy</u> ADDRESS <u>Troy MO</u>	
25. DATE RECD. BY LOCAL REG. <u>1-18-1962</u>		26. REGISTRAR'S SIGNATURE <u>Charlotte Leek</u>	

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

D. W. McLaughlin

Licensed Embalmer No. 3586

P. O. Address Joy Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.